

The following is a list and brief description of the primary data sources utilized for the state level data in the 2015 Needs Assessment:

A. Nebraska Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

B. Nebraska Cancer Registry (NCR) was created by the Legislature in 1986, to document new cases of cancer in Nebraska, analyze geographic patterns and long-term trends, and plan and evaluate cancer control programs. The registry also provides statistical and other information about cancer in Nebraska in response to specific requests. The data are collected at hospitals, pathology laboratories, radiation treatment centers, physician offices, and outpatient surgery centers, and from death certificates.

C. US Census Bureau, specifically the Current Population Survey (CPS) and the American Community Survey (ACS). The CPS is a monthly survey of about 50,000 households conducted by the Bureau of the Census for the Bureau of Labor Statistics. The survey has been conducted for more than 50 years, and is the primary source of information on the labor force characteristics of the U.S. population. The sample is scientifically selected to represent the civilian non-institutional population. The sample provides estimates for the nation as a whole and serves as part of model-based estimates for individual states and other geographic areas.

D. Data for Child and Family Services come from the state's Statewide Automated Child Welfare Information System (SACWIS), also known as N-FOCUS (Nebraska Family Online Client User System).

E. Nebraska Hospital Association's Nebraska Hospital Information System (NHIS) has collected and analyzed Nebraska hospital health care data since January, 1995. The NHA has participating agreements and business associate agreements to receive claims data from Nebraska hospitals. Although voluntary, hospitals are making a committed effort to send all their claims (inpatient & outpatient), including self-pay, to the NHIS.

F. Nebraska Medicaid data are derived from the annual EPSDT (Early Periodic Screening Diagnosis, and Treatment) Participation Report, Form CMS-416. EPSDT is the child health component of Medicaid. Required in every state, it is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services.

G. National Immunization Survey (NIS) is sponsored by the National Center for Immunizations and Respiratory Diseases (NCIRD) and conducted jointly by NCIRD and the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention. The NIS is a list-assisted random-digit-dialing telephone survey followed by a mailed survey to children's immunization providers. It has been collecting data since April, 1994, to monitor infant and childhood immunization coverage, including breastfeeding.

H. National Survey of Children's Health is a national telephone survey conducted in English and Spanish during 2003-2004, 2007-2008, and 2011-2012. The survey provides a broad range of information about children's health and well-being collected in a manner that allows for comparisons between states and the nation. Survey results are weighted to represent the population of non-institutionalized children 0-17 nationally, and in each state.

I. National Survey of Children with Special Healthcare Needs (NSCSHCN) is another national telephone survey conducted in English and Spanish. The first round took place during 2001, 2005-2006 and 2009-2010. The survey provides a broad range of information about CSHCN's health and well-being collected in a manner that allows for comparisons between states and at the national level. The survey results are weighted to represent the population of non-institutionalized children 0-17 nationally, and in each state.

J. Nebraska's Pregnancy Risk Assessment Monitoring System (PRAMS) is a population-based survey on topics related to pregnancy that began in 2000. PRAMS' sample of approximately 2,500 (10% of births) is drawn from the state's birth certificate file. Racial/ethnic minorities are sampled at higher rates to allow sufficient data for these smaller but higher-risk populations.

K. Sexually Transmitted Disease Surveillance data come from the DHHS STD Program, and are an aggregate of cases from notifiable disease reports. STD reports are strictly confidential, In Nebraska most cases are reported by the appropriate health department.

L. Nebraska Vital Statistics are derived from vital records collected by the state of Nebraska. Birth and death records of events for Nebraska residents which occur in other states, territories and Canada, are received by the Department through an Inter-Jurisdictional Exchange Agreement, and thus also included.

M. Nebraska's Youth Behavioral Risk Factor Survey (YRBS) is a reliable and valid, biennial survey of 9th – 12th grade students in US public and private schools, and includes information about alcohol use and obesity among youth.

N. Since 1995, the U.S. Department of Agriculture (USDA) has collected information annually on food spending, food access and adequacy, and sources of food assistance. The information is collected in an annual food security survey, conducted as a supplement to the nationally representative Current Population Survey (CPS). A major impetus for this data collection is to provide information about the prevalence and severity of food insecurity in U.S. households. Estimates are provided for the nation as well as state-specific estimates.